

# Little Traverse Bay Bands of Odawa Indians Child Care Assistance Program

7500 Odawa Circle-Harbor Springs, MI 49740 Telephone: (231)242-1626 Fax: (231)242-1635

## Child Care Assistance Weekly Timesheet

Parent/Guardian Name: \_\_\_\_\_

(Please print)

You must use blue or black ink to complete this form		CHILD 1		CHILD 2		CHILD 3		CHILD 4	
		Name:		Name:		Name:		Name:	
DAY / DATE		Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
TOTAL HOURS									

Please indicate in the Comments Section if there is a school closing/vacation, or, if child was ill and unable to attend school.

Comments: \_\_\_\_\_

Please round to the nearest 1/4 hour, Example: 7:10 would be rounded up to 7:15, 7:05 would be rounded down to 7:00.  
Each hour contains four quarters. Example: 15 minutes would be recorded as = .25 (7:00 to 7:15)  
30 minutes would be recorded as = .50 (7:00 to 7:30)  
45 minutes would be recorded as = .75 (7:00 to 7:45)  
60 minutes would be recorded as = 1.00 (7:00 to 8:00)

Maximum Payable Hours for school aged children is **10 hours per week.** (*1<sup>st</sup> Grade through age 12*)  
Maximum Payable Hours for non-school aged children is **40 hours per week.** (*Infant to Kindergarten*)  
Maximum Payable Hours for Summer is **40 hours per week.** (*Non-school age and school age*)

- I certify that the above information is correct and request payment for the hours of day care used.
- I understand that I can only count those hours that I am working, attending school, or are in a on the job-training program.
- I understand that I can only count those hours that my child/ren are actually in day care.
- I understand that I am responsible for that portion of day care that is not paid for by the Child Care Assistance Program.
- I understand that the Tribe reserves the right to prosecute for any form of fraud or misrepresentation.
- I understand that Timesheets turned into Community Resources that are found to be incomplete will be held until all information is obtained.
- I understand that I have the option of turning timesheets in on a weekly or monthly basis provided my Day Care Provider is in agreement.
- I understand if I choose to submit timesheets on a monthly basis, they must be received in the Human Services Department by the 7<sup>th</sup> day of the following month. (Example: Timesheets for all full weeks in August must be stamped as RECEIVED by Human Services no later than September 7<sup>th</sup>)

**This Form must be signed by both the Parent and the Provider, and the date CANNOT be before end of the current week of care.**

Parent/Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Date \_\_\_\_\_